

CAPITAL NEEDS ASSESSMENT CERTIFICATION

Development Name: _____

City: _____

	Describe Rehabilitation as Applicable	Estimated Cost
Landscaping/Sprinkler/Drainage		
Fences/Walks/Retaining		
Amenities/Pool/Playground		
Driveways/Parking		
Garages/Carport		
Roofs/Dormers/Chimneys		
Flashing/Eaves/Ventilators/Cap		
Gutters/Downspout/Drains		
Balconies/Fire Escapes/Porches/Steps		
Exterior/Siding/Patios		
Doors/Windows/Trim		
Lobbies/Hallways/Stairways/Carpet		
Mailboxes		
Foundations/Piers/Beams		
Basement/Storage/Laundry		
HVAC		
Plumbing/Water Heaters/Washers		
Smoke Detectors/Fire Extinguishers		
Electrical/Fans/Intercom/Systems		
Boilers/Burners/Pumps/Incinerators		
Elevators/Security		
Flooring Carpet		
Landscape		
Other		



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I, the undersigned architect/engineer for the above- referenced development, hereby certify to the Indiana Housing Finance Authority (IHFA) that all improvements listed in the "Capital Needs Assessment" are necessary to maintain a minimum of 15 years of affordable housing use. I further agree that, subsequent to this certification and prior to the final allocation of Rental Housing Tax Credits, I will furnish a certification that all necessary improvements have been made according to the Capital Needs Assessment.

(Architect/Engineer Firm) By: _____

Date: _____

License: _____

ACKNOWLEDGMENT OF OWNER

OWNER

Signature: _____

Printed Name: _____

Title (if applicable): _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, [the _____ of _____ ("Owner")], and, being duly sworn, acknowledged the execution of the foregoing agreement was his (her) voluntary act and deed [on behalf of Owner], and stated that any representations contained therein were true and correct.

Witness my hand and Notarial Seal this _____ day of _____, 200__.

County of Residence: _____

Notary Public

Commission Expires: _____

Printed Name

